SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 278 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) New York Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Mr. Shane K. Stromei Date of Receipt Mailing Address 4505 Hampton View Drive 2015 10 31 City Zip Code State Transaction ID: PR60500913406 Owens Cross Roads AL 35763-5708 Amount of Each Receipt this Period FEC ID number of contributing 346.17 federal political committee. Name of Employer Occupation New York Life Insurance Company Managing Partner Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$115.39 Bi-Weekly) 2538.58 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frederick Spina Date of Receipt Mailing Address 140 Curtiss Road Extension 10 31 2015 City State Zip Code Transaction ID: PR60503513406 Woodbury CT 06798-3824 Amount of Each Receipt this Period FEC ID number of contributing 57.72 federal political committee. Name of Employer Occupation New York Life Insurance Company Corporate Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$19.24 Bi-Weekly) 423.28 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael Hardin Date of Receipt Mailing Address 2072 Richland Road 10 31 2015 City State Zip Code Transaction ID: PR60504413406 AL Auburn 36832-3541 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation New York Life Insurance Company Managing Partner Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 220.00 Other (specify) 433.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9